

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/786896**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				(1)		
6				(1)		
7				(1)		
8				(1)		
9				(3)		
10				(1)		
11				(1)		
12			1			
13				1		
14				2		
15				(1)		
16			1			
17				1		
18				2		
19				(1)		
20				(1)		
21				(1)		
22			1			
23			1			
24				2		
25				(1)		
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	25	↓		↓
TOTAL CLAIMS			30			

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS